PLEASE PRINT ALL INFORMATION

PARKING CITATION

CITATION NO.	CITATION DATE
	/ /
PLATE NO.	REQUEST DATE
	/ /

Ri	ADMINISTRATIVE REVIEW	PLATE NO.		REQUEST DATE			
	REQUEST			/ /			
P.	VEHICLE REGISTERED OWNER		REQUESTOR NAME	1			
REQUESTOR/OWNER INFO							
NNE	OWNER'S STREET ADDRESS		REQUESTOR PHONE(S) (H = HOME / C = CELL / W = W	ORK)			
R/0				1	□ H □ C		
STO	CITY ST	ZIP	REQUESTOR EMAIL		□W		
OUE	31	211					
Ë			@				
ADMINISTRATIVE REVIEW REQUESTED FOR FOLLOWING REASON(S)							
S	BROKEN PARKING METER OWNER DECEASED	- ^ /	LICENSE PLATES WERE STOLEN OR LOS				
EAS	☐ (ATTACH COPY OF DEATH CERTIFICATE)		ISSUED (POLICE REPORT OR DMV INFORMATION SUPPORTING CLAIM)				
- H	FALLEN/MISPLACED PERMIT/ PLACARD VEHICLE DISABLED		VEHICLE WAS STOLEN OR OWNERSHIP THE CITATION WAS ISSUED (ATTACH PO				
STO	T ENONTIE		INFORMATION SUPPORTING CLAIM)				
REQUESTOR REASON	PARKING SIGN(S) WERE MISSING, ILLEGIBLE, SIGN/OTHER PARKING PROHIBITION INSTALL		RESTRICTED PARKING PERMIT (TICKET I	SSUED IN ERROR)			
뿐	INCORRECTLY WORDED OR VEHICLE PARKED THE		MEDICAL EMERGENCY				
	DIFFICULT TO UNDERSTAND		COMPLETE SECTION BELOW				
ă	Only forms that meet the criteria listed above will be accepted for an Administrative Review.						
	Supporting documentation is required. Suc				ach		
	Supporting documentation is required. Suc	ii as pictu	res, repair receipts or blive inform	Tation. Flease att	acii.		
_							
TION OF MEDICAL EMERGENCY							
RG							
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O N							
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DESCRIPTION / EXPLANA							
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듩							
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DES							
DV	MV SIGNATURE I DECLARE THE INFORMATION SURMITTED. SIG	NATURE		DATE			
IN	REGARD TO THIS REQUEST FOR ADMINISTRATIVE REVIEW OF			, , ,			
	RKING CITATIONS IS TRUE AND ACCURATE TO THE BEST OF KNOWLEDGE AND BELIEF.			/ /			
A	DATE RECEIVED RECEIVED BY DETERM	MINATION (EVALU	(ATION ATTACHED) DOES NOT INITIAL	DATE			
Щ П		ITATION _	CITATION QUALIFY FOR AN NOT ADMINISTRATIVE	/ /			
TERNAL USE ONLY		INITIALS / COMME	┘ JUSTIFIED │ └┘ REVIEW │ ENTS	DATE			
BNA	REF.	TITALO / GOIVIIVIE		, , ,			
Ę	NO.						